

STUDENT RECORD REQUEST FORM

This form is to be completed by students (current or former) requesting access to their student records or AQF certification documentation. Proof of identity must be provided.

Student Details	
Full Name:	<input style="width: 95%;" type="text"/>
Date of Birth:	<input style="width: 95%;" type="text"/>
Email Address:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
Student ID (if known):	<input style="width: 95%;" type="text"/>
Mobile No:	<input style="width: 95%;" type="text"/>
Record Request	
Please indicate the records you wish to access:	
<input type="checkbox"/>	AQF Qualification Certificate
<input type="checkbox"/>	Statement of Attainment
<input type="checkbox"/>	Enrolment and Personal Information
<input type="checkbox"/>	Training and Assessment Records
<input type="checkbox"/>	Progress and Outcome Records
<input type="checkbox"/>	Other (please specify):
Reason for Request (Optional)	
<input style="width: 95%;" type="text"/>	
Preferred Delivery Method	
<input type="checkbox"/>	Email / share drive (recommended)
<input type="checkbox"/>	Hard copy by post
<input type="checkbox"/>	Collect in person
Identity Verification	
Please attach one of the following with your request	
<input type="checkbox"/>	Driver's License
<input type="checkbox"/>	Passport
If someone is acting on your behalf, please provide written consent.	
Declaration	
I declare that the information provided above is true and correct, and I am the individual to whom the records relate or an authorised representative of the student.	
Signature	<input style="width: 95%;" type="text"/>
Date	<input style="width: 95%;" type="text"/>

Office Use Only	
Date Request Received:	<input style="width: 95%;" type="text"/>
Request Approved By:	<input style="width: 95%;" type="text"/>
Date Processed:	<input style="width: 95%;" type="text"/>
Records Provided:	<input style="width: 95%;" type="text"/>
Method of Delivery:	<input style="width: 95%;" type="text"/>